

# Return of Organization Exempt From Income Tax

Under section 501(c) of the Internal Revenue Code (except black lung benefit trust or private foundation), section 527, or section 4947(a)(1) nonexempt charitable trust

2000

Department of the Treasury  
Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

<b>A</b> For the <b>2000</b> calendar year, or tax year period beginning , <b>2000</b> , and ending , <b>20</b>										
<b>B</b> Check if applicable: <input checked="" type="checkbox"/> Change of address <input type="checkbox"/> Change of name <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; font-size: 8pt; vertical-align: top;">Please use IRS label or print or type. See Specific Instructions.</td> <td style="width: 50%;"> <b>C</b> Name of organization  <b>ALABAMA TREASURE FOREST ASSOCIATION</b> </td> <td style="width: 30%;"> <b>D</b> Employer identification number  <b>63-1051439</b> </td> </tr> <tr> <td></td> <td>                     Number and street (or P.O. box if mail is not delivered to street address) Room/suite  <b>P O BOX 13220</b> </td> <td> <b>E</b> Telephone number                 </td> </tr> <tr> <td></td> <td>                     City or town, state or country, and ZIP code  <b>MOBILE, AL 36663-0220</b> </td> <td> <b>F</b> Check <input type="checkbox"/> if application pending                 </td> </tr> </table>	Please use IRS label or print or type. See Specific Instructions.	<b>C</b> Name of organization <b>ALABAMA TREASURE FOREST ASSOCIATION</b>	<b>D</b> Employer identification number <b>63-1051439</b>		Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>P O BOX 13220</b>	<b>E</b> Telephone number		City or town, state or country, and ZIP code <b>MOBILE, AL 36663-0220</b>	<b>F</b> Check <input type="checkbox"/> if application pending
Please use IRS label or print or type. See Specific Instructions.	<b>C</b> Name of organization <b>ALABAMA TREASURE FOREST ASSOCIATION</b>	<b>D</b> Employer identification number <b>63-1051439</b>								
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	City or town, state or country, and ZIP code <b>MOBILE, AL 36663-0220</b>	<b>F</b> Check <input type="checkbox"/> if application pending								

**G** Organization type (check only one) ▶  501(c)( 3 ) ◀ (Insert no.)  527 or  4947(a)(1)

• **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

**J** Accounting method:  Cash  Accrual  Other (specify) ▶

**K** Check here  if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

Note: Hand I are not applicable to section 527 orgs.

**H(a)** Is this a group return for affiliates?  Yes  No

**H(b)** If "Yes," enter number of affiliates ▶

**H(c)** Are all affiliates included? (If "No," attach a list. See inst.)  Yes  No

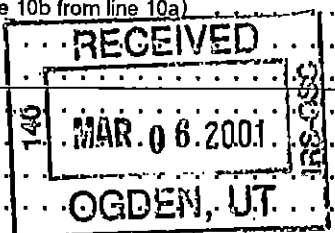
**H(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No

**I** Enter 4-digit group exemption no. (GEN) ▶

**L** Check this box if the organization is not required to attach Schedule B (Form 990 or 990-EZ) ▶

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See Specific Instructions on page 16.)

<b>1</b>	Contributions, gifts, grants, and similar amounts received:			
<b>a</b>	Direct public support	1a	540	
<b>b</b>	Indirect public support	1b		
<b>c</b>	Government contributions (grants)	1c	259,024	
<b>d</b>	Total (add lines 1a through 1c) (cash \$ <u>259,564</u> noncash \$ _____)	1d		259,564
<b>2</b>	Program service revenue including government fees and contracts (from Part VII, line 93)	2		
<b>3</b>	Membership dues and assessments	3		51,594
<b>4</b>	Interest on savings and temporary cash investments	4		8,126
<b>5</b>	Dividends and interest from securities	5		
<b>6a</b>	Gross rents	6a		
<b>b</b>	Less: rental expenses	6b		
<b>c</b>	Net rental income or (loss) (subtract line 6b from line 6a)	6c		
<b>7</b>	Other investment income (describe ▶ _____)	7		
<b>8a</b>	Gross amount from sale of assets other than inventory	(A) Securities		(B) Other
<b>b</b>	Less: cost or other basis and sales expenses	8a		
<b>c</b>	Gain or (loss) (attach schedule)	8b		
<b>d</b>	Net gain or (loss) (combine line 8c, columns (A) and (B))	8c		8d
<b>9</b>	Special events and activities (attach schedule)			
<b>a</b>	Gross revenue (not including \$ _____ of contributions reported on line 1a)	9a	8,750	
<b>b</b>	Less: direct expenses other than fundraising expenses	9b	752	
<b>c</b>	Net income or (loss) from special events (subtract line 9b from line 9a)	9c		7,998
<b>10a</b>	Gross sales of inventory, less returns and allowances	10a		
<b>b</b>	Less: cost of goods sold	10b		
<b>c</b>	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c		
<b>11</b>	Other revenue (from Part VII, line 103)	11		404
<b>12</b>	<b>Total revenue</b> (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12		327,686
<b>13</b>	Program services (from line 44, column (B))	13		210,152
<b>14</b>	Management and general (from line 44, column (C))	14		57,830
<b>15</b>	Fundraising (from line 44, column (D))	15		
<b>16</b>	Payments to affiliates (attach schedule)	16		
<b>17</b>	<b>Total expenses</b> (add lines 16 and 44, column (A))	17		267,982
<b>18</b>	Excess or (deficit) for the year (subtract line 17 from line 12)	18		59,704
<b>19</b>	Net assets or fund balances at beginning of year (from line 73, column (A))	19		113,929
<b>20</b>	Other changes in net assets or fund balances (attach explanation)	20		1
<b>21</b>	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21		173,634



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Part II Statement of Functional Expenses		All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See Specific Instructions on page 20.)			
Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) . . .	22			
23	Specific assistance to individuals (attach schedule) . . . . .	23			
24	Benefits paid to or for members (attach schedule) . . . . .	24			
25	Compensation of officers, directors, etc. . . . .	25	59,000	59,000	
26	Other salaries and wages . . . . .	26	63,116	30,000	33,116
27	Pension plan contributions . . . . .	27	13,100	13,100	
28	Other employee benefits . . . . .	28	9,283	4,642	4,641
29	Payroll taxes . . . . .	29	6,568	4,787	1,781
30	Professional fundraising fees . . . . .	30			
31	Accounting fees . . . . .	31	1,844		1,844
32	Legal fees . . . . .	32			
33	Supplies . . . . .	33	6,500		6,500
34	Telephone . . . . .	34	8,456		8,456
35	Postage and shipping . . . . .	35	2,180	2,180	
36	Occupancy . . . . .	36			
37	Equipment rental and maintenance . . . . .	37			
38	Printing and publications . . . . .	38	11,750	11,750	
39	Travel . . . . .	39	26,049	26,049	
40	Conferences, conventions, and meetings . . . . .	40	5,199	5,199	
41	Interest . . . . .	41			
42	Depreciation, depletion, etc. (attach schedule) . . . . .	42			
43	Other expenses (itemize): a _____	43a			
	b SEE ATTACHED SCHEDULE	43b	54,937	53,445	1,492
	c _____	43c			
	d _____	43d			
	e _____	43e			
44	Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15. . . . .	44	267,982	210,152	57,830

**Reporting of Joint Costs.** Did you report in column (B) (Program services) any joint costs from a combined educational campaign and fundraising solicitation? . . . . .  Yes  No  
 If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_; (ii) the amount allocated to Program services \$ \_\_\_\_\_; (iii) the amount allocated to Management and general \$ \_\_\_\_\_; and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

Part III Statement of Program Service Accomplishments (See Specific Instructions on page 23.)		Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
What is the organization's primary exempt purpose? <b>PROMOTE FORESTRY MANAGEMENT</b>		
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)		
a	USING EDUCATIONAL METHODS TO PROMOTE MANAGEMENT OF PRIVATE ALABAMA FORESTS TO PROVIDE TIMBER, RECREATION, ENVIRONMENT AND AESTHETICS FOR A _____ (Grants and allocations \$ _____)	
b	SUSTAINED USUABLE RESOURCE _____ (Grants and allocations \$ _____)	
		210,152
c	_____ (Grants and allocations \$ _____)	
d	_____ (Grants and allocations \$ _____)	
e	Other program services (attach schedule) _____ (Grants and allocations \$ _____)	
f	Total of Program Service Expenses (should equal line 44, column (B), Program services) . . . . .	210,152

**Part IV Balance Sheets** (See Specific Instructions on page 23.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.		(A)		(B)	
		Beginning of year		End of year	
A s s e t s	45	Cash - non-interest-bearing . . . . .		45	
	46	Savings and temporary cash investments . . . . .	113,929	46	173,634
	47a	Accounts receivable . . . . .		47a	
	b	Less: allowance for doubtful accounts . . . . .		47b	47c
	48a	Pledges receivable . . . . .		48a	
	b	Less: allowance for doubtful accounts . . . . .		48b	48c
	49	Grants receivable . . . . .		49	
	50	Receivables from officers, directors, trustees, and key employees (attach schedule) . . . . .		50	
	51a	Other notes and loans receivable (attach schedule) . . . . .		51a	
	b	Less: allowance for doubtful accounts . . . . .		51b	51c
	52	Inventories for sale or use . . . . .		52	
	53	Prepaid expenses and deferred charges . . . . .		53	
	54	Investments - securities (attach schedule) . . . . .	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54	
	55a	Investments - land, buildings, and equipment: basis . . . . .		55a	
	b	Less: accumulated depreciation (attach schedule) . . . . .		55b	55c
56	Investments - other (attach schedule) . . . . .		56		
57a	Land, buildings, and equipment: basis . . . . .		57a		
b	Less: accumulated depreciation (attach schedule) . . . . .		57b	57c	
58	Other assets (describe ▶ _____ )		58		
59	<b>Total assets</b> (add lines 45 through 58) (must equal line 74) . . . . .	113,929	59	173,634	
L i a b i l i t i e s	60	Accounts payable and accrued expenses . . . . .		60	
	61	Grants payable . . . . .		61	
	62	Deferred revenue . . . . .		62	
	63	Loans from officers, directors, trustees, and key employees (attach schedule) . . . . .		63	
	64a	Tax-exempt bond liabilities (attach schedule) . . . . .		64a	
	b	Mortgages and other notes payable (attach schedule) . . . . .		64b	
	65	Other liabilities (describe ▶ _____ )		65	
66	<b>Total liabilities</b> (add lines 60 through 65) . . . . .		66		
F u n d A s s e t B a l a n c e s	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
	67	Unrestricted. . . . .	113,929	67	173,634
	68	Temporarily restricted . . . . .		68	
	69	Permanently restricted. . . . .		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.				
	70	Capital stock, trust principal, or current funds . . . . .		70	
	71	Paid - in or capital surplus, or land, building, and equipment fund . . . . .		71	
	72	Retained earnings, endowment, accumulated income, or other funds . . . . .		72	
73	<b>Total net assets or fund balances</b> (add lines 67 through 69 OR lines 70 through 72; column (A) must equal line 19 and column (B) must equal line 21) . . . . .	113,929	73	173,634	
74	<b>Total liabilities and net assets / fund balances</b> (add lines 66 and 73) . . . . .	113,929	74	173,634	

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

**Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return** (See Specific Instructions, page 25.)

**Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return**

**a** Total revenue, gains, and other support per audited financial statements . . . ▶ **a**

**b** Amounts included on line a but not on line 12, Form 990:

(1) Net unrealized gains on investments . . \$ \_\_\_\_\_

(2) Donated services and use of facilities \$ \_\_\_\_\_

(3) Recoveries of prior year grants . . . . \$ \_\_\_\_\_

(4) Other (specify):  
0 \_\_\_\_\_  
0 \_\_\_\_\_ \$ \_\_\_\_\_

Add amounts on lines (1) through (4) . ▶ **b**

**c** Line a minus line b . . . . . ▶ **c**

**d** Amounts included on line 12, Form 990 but not on line a:

(1) Investment expenses not included on line 6b, Form 990 . . . . \$ \_\_\_\_\_

(2) Other (specify):  
0 \_\_\_\_\_  
0 \_\_\_\_\_ \$ \_\_\_\_\_

Add amounts on lines (1) and (2) . . . ▶ **d**

**e** Total revenue per line 12, Form 990 (line c plus line d). . . . . ▶ **e**

**a** Total expenses and losses per audited financial statements . . . . . ▶ **a**

**b** Amounts included on line a but not on line 17, Form 990:

(1) Donated services and use of facilities \$ \_\_\_\_\_

(2) Prior year adjustments reported on line 20, Form 990 . . . . . \$ \_\_\_\_\_

(3) Losses reported on line 20, Form 990 . . \$ \_\_\_\_\_

(4) Other (specify):  
0 \_\_\_\_\_  
0 \_\_\_\_\_ \$ \_\_\_\_\_

Add amounts on lines (1) through (4) . ▶ **b**

**c** Line a minus line b . . . . . ▶ **c**

**d** Amounts included on line 17, Form 990 but not on line a:

(1) Investment expenses not included on line 6b, Form 990 . . . . \$ \_\_\_\_\_

(2) Other (specify):  
0 \_\_\_\_\_  
0 \_\_\_\_\_ \$ \_\_\_\_\_

Add amounts on lines (1) and (2) . . . ▶ **d**

**e** Total expenses per line 17, Form 990 (line c plus line d). . . . . ▶ **e**

**Part V List of Officers, Directors, Trustees, and Key Employees** (List each one even if not compensated, see Specific Instructions on page 25.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
JAMES MALONE	EXEC DIRECTOR			
CHUNCHULA, AL	50	59,000	5,900	
ROBERT DEAN	COORDINATOR			
OPELIKA, AL	50	30,000	4,500	
GARY FORTENBERRY	PRESIDENT	0		
WARD, AL		0		
PAUL TINDAL	VICE PRES	0		
WETUMPKA, AL		0		
BEVERLY TAYLOR	SEC / TREAS	0		
GOSHEN, AL				

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? ▶  Yes  No  
If "Yes," attach schedule-see Specific Instructions on page 26.

Part VI Other Information (See Specific Instructions on page 26.)

76 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity
77 Were any changes made in the organizing or governing documents but not reported to the IRS?
78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?
78b If "Yes," has it filed a tax return on Form 990-T for this year?
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year?
80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?
80b If "Yes," enter the name of the organization and check whether it is exempt OR nonexempt.
81a Enter the amount of political expenditures, direct or indirect, as described in the instructions for line 81.
81b Did the organization file Form 1120-POL for this year?
82a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?
82b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II.
83a Did the organization comply with the public inspection requirements for returns and exemption applications?
83b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?
84a Did the organization solicit any contributions or gifts that were not tax deductible?
84b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?
85a 501(c)(4), (5), or (6) organizations, were substantially all dues nondeductible by members?
85b Did the organization make only in-house lobbying expenditures of \$2,000 or less?
85c Dues, assessments, and similar amounts from members
85d Section 162(e) lobbying and political expenditures
85e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices
85f Taxable amount of lobbying and political expenditures (line 85d less 85e)
85g Does the organization elect to pay the section 6033(e) tax on the amount in 85f?
85h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?
86 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12
86a Gross receipts, included on line 12, for public use of club facilities
86b 501(c)(12) orgs. Enter: a Gross income from members or shareholders
86c Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)
87 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX
88 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911; section 4912; section 4955
88a 501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction
88b Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
88c Enter: Amount of tax on line 88b, above, reimbursed by the organization
89a List the states with which a copy of this return is filed
89b Number of employees employed in the pay period that includes March 12, 2000 (See inst.)
90 The books are in care of JAMES MALONE, DIRECTOR Telephone no. 334-442-2424
Located at EIGHT MILE, AL ZIP code
91 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041-Check here and enter the amount of tax-exempt interest received or accrued during the tax year

**Part VII Analysis of Income-Producing Activities** (See Specific Instructions on page 30.)

Enter gross amounts unless otherwise indicated.		Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
		(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93	Program service revenue:					
a						
b						
c						
d						
e						
f	Medicare / Medicaid payments . . . . .					
g	Fees and contracts from government agencies					
94	Membership dues and assessments . . . . .					41,219
95	Interest on savings and temporary cash investments					8,126
96	Dividends and interest from securities . . . . .					
97	Net rental income or (loss) from real estate:					
a	debt-financed property . . . . .					
b	not debt-financed property . . . . .					
98	Net rental income or (loss) from personal property .					
99	Other investment income . . . . .					
100	Gain or (loss) from sales of assets other than inventory					
101	Net income or (loss) from special events . . . . .					7,998
102	Gross profit or (loss) from sales of inventory . . . .					
103	Other revenue: a					
b	PROMOTIONAL ROYALTY					343
c	MISCELLANEOUS, OTHER					61
d						
e						
104	Subtotal (add columns (B), (D), and (E)) . . . . .					57,747
105	Total (add line 104, columns (B), (D), and (E)) . . . . .					57,747

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See Specific Instructions on page 31.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
▼	

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See Specific Instructions on page 31.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See Specific Instructions on page 31.)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

Please Sign Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. (Important: See General Instruction W, on page 14.)

Date: 02-26-01 Type or print name and title: Executive Director

Date	2/23/01	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN
			P00040190

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Organization Exempt Under Section 501(c)(3)**

OMB No. 1545-0047

(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

**2000**

**Supplementary Information -- (See separate instructions.)**

Department of the Treasury  
Internal Revenue Service  
Name of the organization

**▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ.**

Employer identification number

ALABAMA TREASURE FOREST ASSOCIATION

63-1051439

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**

(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
N O N E				
Total number of other employees paid over \$50,000 . . . . . ▶				

**Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services**

(See page 1 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
N O N E		
Total number of others receiving over \$50,000 for professional services . . . . . ▶		

**Part III Statements About Activities**

	Yes	No
<b>1</b> During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? . . . . . If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		X
<b>2</b> During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any of its trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary:		
<b>a</b> Sale, exchange, or leasing of property? . . . . .		X
<b>b</b> Lending of money or other extension of credit? . . . . .		X
<b>c</b> Furnishing of goods, services, or facilities? . . . . .		X
<b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? . . . . .	X	
<b>e</b> Transfer of any part of its income or assets? . . . . . If the answer to any question is "Yes," attach a detailed statement explaining the transactions.		X
<b>3</b> Does the organization make grants for scholarships, fellowships, student loans, etc.? . . . . .		X
<b>4a</b> Do you have a section 403(b) annuity plan for your employees? . . . . .		X
<b>b</b> Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs qualify to receive payments. (See page 2 of the instructions.)		

**Part IV Reason for Non-Private Foundation Status** (See pages 2 through 5 of the instructions.)

The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5**  A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6**  A school. Section 170(b)(1)(A)(ii). (Also complete Part V, page 5.)
- 7**  A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8**  A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9**  A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ▶ \_\_\_\_\_
- 10**  An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a**  An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b**  A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12**  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13**  An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See page 5 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14**  An organization organized and operated to test for public safety. Section 509(a)(4). (See page 5 of the instructions.)



**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in) . . . ▶	(a) 1999	(b) 1998	(c) 1997	(d) 1996	(e) Total
<b>15</b> Gifts, grants, and contributions received. (Do not include unusual grants. See line 28) . . .	188,120	117,193	106,476	12,500	424,289
<b>16</b> Membership fees received . . . . .	31,956	14,059	10,805	6,495	63,315
<b>17</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is not a business unrelated to the organization's charitable, etc., purpose . . . . .					
<b>18</b> Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975 . . . .	5,463	2,099	2,271	2,006	11,839
<b>19</b> Net income from unrelated business activities not included in line 18 . . . . .					
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf . . . . .					
<b>21</b> The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge . . . . .					
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
<b>23</b> Total of lines 15 through 22 . . . . .	225,539	133,351	119,552	21,001	499,443
<b>24</b> Line 23 minus line 17 . . . . .	225,539	133,351	119,552	21,001	499,443
<b>25</b> Enter 1% of line 23 . . . . .	2,255	1,334	1,196	210	
<b>26</b> Organizations described in lines 10 or 11: a Enter 2% of amount in column (e), line 24. . . . . ▶					<b>26a</b> 9,989
b Attach a list (which is not open to public inspection) showing the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1996 through 1999 exceeded the amount shown in line 26a. Enter the sum of all these excess amounts . . . . . ▶					<b>26b</b>
c Total support for section 509(a)(1) test: Enter line 24, column (e) . . . . . ▶					<b>26c</b> 499,443
d Add: Amounts from column (e) for lines: 18 <u>11,839</u> 19 _____					<b>26d</b> 11,839
22 _____ 26b _____ . . . . . ▶					<b>26e</b> 487,604
e Public support (line 26c minus line 26d total) . . . . . ▶					<b>26f</b> 97.63%
f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) . . . . . ▶					
<b>27</b> Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," attach a list (which is not open to public inspection) to show the name of, and total amounts received in each year from, each "disqualified person." Enter the sum of such amounts for each year:					
(1999) _____ (1998) _____ (1997) _____ (1996) _____					
b For any amount included in line 17 that was received from a nondisqualified person, attach a list to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year:					
(1999) _____ (1998) _____ (1997) _____ (1996) _____					
c Add: Amounts from column (e) for lines: 15 <u>424,289</u> 16 <u>63,315</u>					
17 _____ 20 _____ 21 _____ . . . . . ▶					<b>27c</b> 487,604
d Add: Line 27a total . . . . . and line 27b total . . . . . ▶					<b>27d</b>
e Public support (line 27c total minus line 27d total) . . . . . ▶					<b>27e</b> 487,604
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e) . . . . . ▶					<b>27f</b> 499,443
g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) . . . . . ▶					<b>27g</b> 97.63%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) . . . . . ▶					<b>27h</b> 2.37%
<b>28</b> Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1996 through 1999, attach a list (which is not open to public inspection) for each year showing the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not include these grants in line 15. (See page 5 of the instructions.)					

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 7 of the instructions.)

(To be completed ONLY by an eligible organization that filed Form 5768)

- Check here a if the organization belongs to an affiliated group.
Check here b if you checked "a" above and "limited control" provisions apply.

Limits on Lobbying Expenditures

(The term "expenditures" means amounts paid or incurred.)

Table with 3 columns: Line number, Description, (a) Affiliated group totals, (b) To be completed for ALL electing organizations. Rows include lines 36-44 for various lobbying expenditure categories and nontaxable amounts.

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 9 of the instructions.)

Table with 6 columns: Calendar year (or fiscal year beginning in), (a) 2000, (b) 1999, (c) 1998, (d) 1997, (e) Total. Rows include lines 45-50 for averaging period calculations.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 9 of the instructions.)

Table with 3 columns: Question, Yes, No, Amount. Rows include questions a-i regarding lobbying activity methods like volunteers, staff, media, mailings, etc.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

EEA ML

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 9 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a Transfers from the reporting organization to a noncharitable exempt organization of:

Table with columns: Yes, No. Rows: 51a(i) Cash, a(ii) Other assets, b(i) Sales or exchanges of assets, b(ii) Purchases of assets, b(iii) Rental of facilities, b(iv) Reimbursement arrangements, b(v) Loans or loan guarantees, b(vi) Performance of services, c Sharing of facilities.

b Other transactions:

- (i) Sales or exchanges of assets with a noncharitable exempt organization
(ii) Purchases of assets from a noncharitable exempt organization
(iii) Rental of facilities, equipment, or other assets
(iv) Reimbursement arrangements
(v) Loans or loan guarantees
(vi) Performance of services or membership or fundraising solicitations

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees.

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

Table with 4 columns: (a) Line no., (b) Amount Involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements. Row 1 contains 'N / A'.

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes No

b If "Yes," complete the following schedule:

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship. Row 1 contains 'N / A'.

Alabama Treasure Forest Association  
 63-1051439  
 13/31/00 form 990

**Part I, line 9, special events and activities:**

Silent auction proceeds	\$ 8,023
Raffle	<u>727</u>
Gross revenue	<u>\$ 8,750</u>

Silent auctions expenses \$ 752

**Part II, line 43, other expenses:**

	Total	Program Services	Management & General
Leaders development	\$ 26,033	\$ 26,033	
Designated donation	10,375	10,375	
Newsletter	9,095	9,095	
Sustainable Forestry Initiative	3,400	3,400	
Membership dues rebates	3,775	3,775	
Insurance	1,274		\$ 1,274
Awards	600	600	
Royalty, clothing rebates	167	167	
Other	<u>218</u>		<u>218</u>
Totals	<u>\$ 54,937</u>	<u>\$ 53,445</u>	<u>\$ 1,492</u>